



H.E.L.P.

Application Form

HELP (Home Electric Lifeline Program) assists Rocky Mountain Power low-income customers by providing a monthly discount of up to \$8.00 off your electric bill. To qualify for this program, your household income must be at or below 125% of the federal poverty level, and must recertify each year. Please submit this completed application form with the required documents for verification.

Applicant Name: _____ Rocky Mtn. Power #: _____

Mailing / Billing Address: _____ City _____ Zip Code _____

Social Security #: _____ Number of People in Household: _____ Phone: _____

Put a check ☒ on ALL sources of income that you or anyone in your household received in the month prior to this application. Verification documents must be submitted with your completed application.

Type or Source of Income Received	Type of verification documents needed.	Monthly Amount
<input type="checkbox"/> Employment Income (Gross per month)	Check stubs, or a statement from your employer	\$
<input type="checkbox"/> Social Security Income (SSA, SSD or SSI)	Award Letter or bank deposit	\$
<input type="checkbox"/> Unemployment /Workman's Compensation	Print out or check stubs	\$
<input type="checkbox"/> Pension/Retirement	Monthly statement	\$
<input type="checkbox"/> Veteran's Benefits	Benefit Letter	\$
<input type="checkbox"/> Child Support/Alimony:	Copy of divorce decree or ORS printout	\$
<input type="checkbox"/> TANF (FEP) or General Assistance	DWS Printout	\$
<input type="checkbox"/> Other (Please explain)	Written statements	\$
TOTAL ALL SOURCES OF INCOME ABOVE:		\$

By signing this application, I declare that the information I have given is true and correct to the best of my knowledge and belief. I hereby authorize the HELP officials to make inquiry of persons, companies, financial institutions or other State and Federal agencies to assist in the process of my application. I will notify HELP if I become ineligible for the program. I understand that giving false information or failing to notify HELP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. **I must recertify annually and if I move, I will notify HELP in order to continue to receive this discount.**

Signature _____

Date _____



DID YOU REMEMBER TO:

- ☐ Attach a copy of your most recent Rocky Mountain Power bill.
- ☐ Attach verification of any and ALL income received in the household for the month prior to this application.
- ☐ Sign and date the form above.

Applications submitted without the above attachments will not be processed.

Mail completed application form and verification documents to:

Utah CAP Association-HELP, 764 South 200 West, Salt Lake City, UT 84101
For information in Salt Lake area call 961-7286 or toll-free statewide at 1-866-205-4357

FOR AGENCY USE ONLY: APPROVED _____ DENIED / REASON _____

04.29.05